Patent

Customer Number 21839

09/05/2006 MAHMED1 00000016 09852788

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Attorney's Docket No. <u>1033275-000214</u>

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Group Art Unit: 1733 |
|-------------------------|
| Examiner: Jessica Rossi |
| Confirmation No.: 5192 |
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| |

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the 395 × 790 fee due under 37 C.F.R. § 1.17(e). Applicant(s) requests that any previously unentered after final amendments 1. not be entered. Continued examination is requested based on the enclosed documents identified in item 2 below. \bowtie Applicant(s) previously submitted the following documents for which B. continued examination is requested: \boxtimes Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on July 6, 2006. Consider the arguments in the Appeal Brief or Reply Brief previously filed

2. The following documents are enclosed with this submission:

Amendment/Reply.

Affidavit(s)/Declaration(s).

Other: ____

Information Disclosure Statement.

A Petition for Extension of Time.

Other:

MAIL STOP RCE

Buchanan Ingersoll & Rooney PC Attorneys & Government Relations Professionals

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Request for Continued Examination Transmittal Letter Application No. <u>09/852,788</u> Attorney's Docket No. <u>1033275-000214</u>

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| \boxtimes | No additional claim fee is required. |
|-------------|---|
| | The fee is calculated below on the basis of the highest number of claims already paid for in this application prior to this submission: |

| | | | | F | EES |
|---|-------------------------------|--|---|--|--------------------------------|
| Examination Fee (1801) | | | | | |
| No. of Claims | | Extra Claims | Rate | | |
| 0 | Minus 20= | 0 | x 50 (1202) | \$ | 0 |
| 0 | Minus 3= | 0 | x 200 (1201) | \$ | 0 |
| If multiple dependent claims are presented, add \$ 360 | | | | | |
| Total Fee | | | | | 790 |
| ☐ Small Entity Status claimed - subtract 50% of Total Application Fee | | | | | 0 |
| TOTAL FEE DUE | | | | | 790 |
| | No. of Claims 0 0 laims are p | No. of Claims 0 Minus 20= 0 Minus 3= laims are presented, add | No. of Claims 0 Minus 20= 0 0 Minus 3= 0 laims are presented, add \$ 360 | No. of Claims Extra Claims Rate Claims 0 Minus 20= 0 x 50 (1202) 0 Minus 3= 0 x 200 (1201) laims are presented, add \$ 360 | No. of Extra Rate Claims |

| 4. | | Charge to Deposit Account No. 02-4800 for the fee due. |
|----|-------------|--|
| 5. | | A check in the amount of is enclosed for the fee due. |
| 6. | \boxtimes | Charge \$ 790 to credit card for the fee due. Form PTO-2038 is attached. |
| 7. | | Applicant(s) requests suspension of action by the Office until at least, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed. |
| 8. | \boxtimes | The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate. |

Respectfully submitted,

By:

BUCHANAN INGERSOLL & ROONEY PC

Date: August 31, 2006

Scott W. Cummings Registration No. 41,567

P.O. Box 1404 Alexandria, VA 22313-1404 703 836 6620